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PTO/SB/21 (08-00)

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**TRANSMITTAL  
FORM**

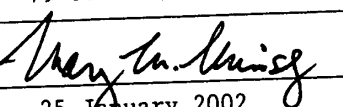
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|---|----------------------|------------------------|-------------|
| <b>TRANSMITTAL<br/>FORM</b><br>(to be used for all correspondence after initial filing) | Application Number   | 09/937,555             |             |
|   | Filing Date          | I.A.: 03/30/2000       |             |
|   | First Named Inventor | M. Cappello            |             |
|   | Group Art Unit       |                        |             |
|   | Examiner Name        |                        |             |
| Total Number of Pages in This Submission  | 9                    | Attorney Docket Number | OCR-1001.US |

**ENCLOSURES (check all that apply)**

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|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input checked="" type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers<br>(for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence<br>Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication<br>to Group<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please<br>identify below):<br><br>sequence listing<br>diskette |
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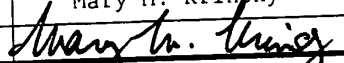
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                               |   |
|-------------------------------|---|
| Firm<br>or<br>Individual name | Mary M. Krinsky<br>79 Trumbull Street, New Haven, CT 06511-3708                     |
| Signature                     |  |
| Date                          | 25 January 2002   |

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